



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR § 1.53(b))</small>		Attorney Docket No.	4002-3363/PC459.06	
		First Inventor	Kevin T. Foley	
		Title	METHODS AND INSTRUMENTS FOR INTERBODY SURGICAL TECHNIQUES	
		Express Mail Label No.	EV 332 723 811 US	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	<div style="display: flex; align-items: center; justify-content: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">17513 U.S. PTO</div><div style="border: 1px solid black; padding: 5px; margin: 0 10px;">10/625418</div><div style="writing-mode: vertical-rl; transform: rotate(180deg);">07/23/03</div></div>	
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 24] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)		
	b. Specification Sequence Listing on: <ul style="list-style-type: none"><input type="checkbox"/> CD-ROM or CD-R (2 copies); or<input type="checkbox"/> paper		
	c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal			
5. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09/692,980</u> Prior application information: Examiner: <u>Todd E. Manahan</u> Group / Art Unit: <u>3732</u>			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
<i>(Insert Customer No. or Attach bar code label here)</i>			
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700		
City	Indianapolis	State	IN
Country	USA	Zip Code	46204-5137
Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Douglas A. Collier	Registration No. (Attorney/Agent)	43,556
Signature			Date
			July 23, 2003

Express Mail Label Number EV 332 723 811 US	Date of Deposit July 23, 2003
I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.	
 Signature of person mailing paper or fee	

**FEE TRANSMITTAL
FOR FY 2003**

Patent fees are subject to annual revision.

Complete if Known

Application Number

Filing Date

First Named Inventor

Kevin T. Foley

Group Art Unit

Examiner Name

Total Amount of Payment

(\$996.00)

Attorney Docket Number

4002-3363/PC459.06

METHOD OF PAYMENT☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number

23-3030

Deposit
Account
NameWoodard, Emhardt, Moriarty,
McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

- ☐
- Charge fee(s) indicated below
- ☐
- Credit any overpayments
-
- ☒
- Charge any additional fee(s) during the pendency of this application,
-
- excluding the payment of issue fees
-
- ☐
- Charge fee(s) indicated below, except for the filing fee to the above-
-
- identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	750
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$750)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
29	-20** = 9	X 18 = 162	
Independent Claims	4	-3** = 1	X 84 = 84
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1201	2201	Claims in excess of 20
1203	2203	Independent claims in excess of 3
1204	2204	Multiple dependent claim, if not paid
1205	2205	**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 245)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet.	
1053	1053	Non-English specification	
1812	1812	For filing a request for <i>ex parte</i> reexamination	
1804	1804	Requesting publication of SIR prior to Examiner's Action	
1805	1805	Requesting publication of SIR after Examiner's Action	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	1451	Petition to institute a public use proceeding	
1452	2452	Petition to revive - unavoidable	
1453	2453	Petition to revive - unintentional	
1501	2501	Utility issue fee (or reissue)	
1502	2502	Design issue fee	
1503	2503	Plant issue fee	
1460	1460	Petitions to the Commissioner	
1807	1807	Petitions related to provisional applications	
1806	1806	Submission of Information Disclosure Stmt	
8021	8021	Recording each patent assignment per property (times number of properties)	
1809	2809	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	Request for Continued Examination (RCE)	
1802	1802	Request for expedited examination of a design application	

Other Fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

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July 23, 2003